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San Francisco, California 94107 U.S.A.

VIA FACSIMILE

ATTENTION: Examiner Padgett
GROUP ART UNIT: 1762
FIRM/CO. NAME: United States Patent and Trademark Office
APPLICATION NO: 09/545,110
FAX NO: (703) 872-9310
FROM: Ashok K. Janah
DATE: November 4, 2003
AMAT REFERENCE NO: 003117 USA/ETCH/SILICON/JB1

TOTAL NUMBER OF PAGES 57 (INCLUDING COVER PAGE)

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL: Rowena

BUSINESS PHONE: (415) 538-1555 FACSIMILE NO: (415) 538-8380

MESSAGE:

Examiner Padgett,
Attached is a response to the Non-Final Office Action mailed on July 30,
2003, timely filed with a request for a one month extension.
Thanks,
Rowena Montoya

CONFIDENTIALITY NOTICE: The documents accompanying this facsimile transmission contain information that may be privileged or confidential. Do not disclose or discuss this information with anyone other than those identified above. Unauthorized disclosure is strictly prohibited. If you receive this facsimile in error, please notify us by telephone immediately.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re application of: Lill et al. Application No: 09/545,110 Confirmation No: 9276 Filed: April 6, 2000 For: IMPROVED SUBSTRATE MONITORING METHOD AND APPARATUS | | Group No: 1/62 Examiner: Marianne L. Padgett Attorney Docket No: 003117 USA/ETCH/SILICON/JB1 November 4, 2003 San Francisco, CA 94107 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------------------|---|--------------|---------------------------|----------------|---|-----------------|--|-------|---------------------------------------|----------------------------------|------------------------------------|--------------|----------------------|----------------|--------------|----|-----|---|------|---|--------------------|----|----|---|------|---|---------------------------|--|--|--|-------|---|---|--|--|--|-------|---|--------------|--|--|--|--|---------------|
| VIA FACSIMILE / 703-872-9310 Commissioner for Patents | | Extension of Term <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Papers Enclosed <input checked="" type="checkbox"/> Amendment and Marked-Up Copy of Claims <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th style="text-align: left;">Extension Fee</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td>\$110</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td>\$400</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td>\$920</td> </tr> <tr> <td colspan="2" style="text-align: center;">Total \$ 110.00</td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time. | | Extension (Months) | Extension Fee | <input checked="" type="checkbox"/> One Month | \$110 | <input type="checkbox"/> Two Months | \$400 | <input type="checkbox"/> Three Months | \$920 | Total \$ 110.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension (Months) | Extension Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> One Month | \$110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two Months | \$400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three Months | \$920 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total \$ 110.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fees for Extra Claims <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6" style="text-align: center;">Amendment Fee Calculation</th> </tr> <tr> <th></th> <th>Claims remaining after amendment</th> <th>Highest Number Previously Paid for</th> <th>Number Extra</th> <th>Rate Large Entity</th> <th>Additional Fee</th> </tr> <tr> <td>Total Claims</td> <td>39</td> <td>106</td> <td>0</td> <td>\$18</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>13</td> <td>30</td> <td>0</td> <td>\$84</td> <td>0</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td></td> <td>\$280</td> <td>0</td> </tr> <tr> <td>Supplemental Information Disclosure Statement</td> <td></td> <td></td> <td></td> <td>\$180</td> <td>0</td> </tr> <tr> <td colspan="5" style="text-align: right;">Total</td> <td>\$0.00</td> </tr> </table> | | | | Amendment Fee Calculation | | | | | | | Claims remaining after amendment | Highest Number Previously Paid for | Number Extra | Rate Large Entity | Additional Fee | Total Claims | 39 | 106 | 0 | \$18 | 0 | Independent Claims | 13 | 30 | 0 | \$84 | 0 | Multiple Dependent Claims | | | | \$280 | 0 | Supplemental Information Disclosure Statement | | | | \$180 | 0 | Total | | | | | \$0.00 |
| Amendment Fee Calculation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Claims remaining after amendment | Highest Number Previously Paid for | Number Extra | Rate Large Entity | Additional Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 39 | 106 | 0 | \$18 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 13 | 30 | 0 | \$84 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims | | | | \$280 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supplemental Information Disclosure Statement | | | | \$180 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Extension Fees</td> <td>\$110.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td>\$0.00</td> </tr> <tr> <td>Total</td> <td>\$110.00</td> </tr> </table> | | Extension Fees | \$110.00 | Fees for Extra Claims | \$0.00 | Total | \$110.00 | Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension Fees | \$110.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fees for Extra Claims | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | \$110.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$110.00. | | Please direct all telephone calls to: Ashok Janah at (415) 538-1555 Please continue to send correspondence to: Applied Materials, Inc. Patent Department, M/S 2061 P.O. Box 450A Santa Clara, CA 95052 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certificate of Transmission I hereby certify that this correspondence is facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (703) 872-9310) on November 4, 2003. By <u>Rowena Montoya</u> Rowena Montoya | | Respectfully Submitted, <u>Ashok K. Janah</u> Date <u>November 4, 2003</u> Ashok K. Janah Registration No. 37,487 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA FACSIMILE TRANSMISSION
(703) 872-9310

Dear Examiner Padgett:

This amendment is a timely filed response to the non-final Office Action mailed on July 30, 2003, with a request for a one month extension of time.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (703) 872-9310 on the date shown below.

By: Rowena Montoya
Rowena Montoya

Date: November 4, 2003